WOMEN: VULNERABLE VICTIMS OF AIDS

World AIDS Day, 1 December, was created by WHO in 1988 as part of a global effort to meet the challenge of AIDS. This special day of observance is intended to "open channels of communication, strengthen the exchange of information and experience and forge a spirit of social tolerance".

SOME SOBERING STATISTICS

AIDS—acquired immunodeficiency syndrome—is a pandemic disease which is still without a cure. AIDS is the late stage of infection with the human immunodeficiency virus, or HIV. While most, if not all, HIV-infected persons are expected ultimately to develop AIDS, this takes an average of 10 years. As AIDS increasingly affects women, the sobering statistics leave no doubt that a worldwide effort is imperative to avert medical and social disaster.

Numbers paint a grim picture:

- In October 1991, the World Health Organization (WHO) estimated that there were at least 9 million to 11 million people infected with HIV; of these, more than 3 million were women;
- Since the proportion of women with AIDS is rising faster than that of men, WHO predicts that, by the year 2000, the number of AIDS cases reported annually will be divided evenly between women and men;
- In early 1991, about 70 per cent of global HIV infections were estimated to have been spread by sexual intercourse between men and women; by the end of the decade, it is projected that more than 80 per cent of all HIV infections will result from heterosexual intercourse;
- The 200,000 women actually becoming ill in 1990-1991 alone will exceed the total of all AIDS cases reported to WHO over the first decade of the epidemic;
- In certain localities as diverse as sub-Saharan Africa and the urban United States, between 10 and 25 per cent of all women of child-bearing age are HIV-infected;
- WHO estimates that, by the year 2000, 10 million infants will have been born HIV-positive, having received the virus in utero from their AIDS-infected mother;
- Another 10 million uninfected children will be orphaned through AIDS-induced deaths of their parents.

AIDS: PREYING ON THE POWERLESS

"Only as we move into the 1990s has the world started to recognize the special threat that AIDS poses to women." This statement is from an article entitled "The Special Threat to Women" by Dr. Rosmarie Erben of the World Health Organization which points to a plethora of psychosocial, cultural and legal barriers obstructing women's own decision-making and choice, along with their own abilities to protect either themselves or their sexual partners from AIDS.

The special threat to women revolves around:

- women's roles as child-bearers and primary caretakers;
- women's inferior cultural status and attitudes towards sexuality which prevail in many areas of the world where AIDS is most prevalent;
- women's generally lower literacy rates, restricted mobility and limited access to information;
- women's relative lack of economic alternatives and independence.

Under these conditions, progress in the prevention and care of female AIDS victims has been dismal, in both poorer and wealthier countries of the world.

WOMEN WITH AIDS: DOUBLE DISCRIMINATION

A decade into the epidemic, there is still discrimination against AIDS victims. Women are especially disadvantaged by both legal and social policies. Several nations, for example, have jailed HIV-infected prostitutes, although no such punishment was proposed for any groups of HIV-infected men,

UNITED NATIONS

not even rapists or men who knowingly donated HIV-positive blood.

Discrimination also persists within the AIDS-oriented scientific and medical community where, for example, women are often excluded from participation in drug trials for promising AIDS treatments. Furthermore, the multi-billion-dollar global research agenda has largely bypassed research on developing prevention methods, such as spermicides-viricides (virus killers), which could be used by women themselves.

Finally, there is discrimination in the public perception of AIDS victims. When the virus was first identified in 1981, the disease was perceived as an affliction associated mainly with intravenous drug users, homosexual men and prostitutes. Awareness of the growing spectrum of "innocent" victims from all walks of life has been slow to enter the mainstream consciousness and, with it, adequate appreciation of the role of women as victims rather than vectors.

In response to the growing tide of concern, in 1989 the United Nations sponsored an International Conference on the Implications of AIDS for Women and Children. The resulting "Paris Declaration on Women, Children and AIDS" exhorted Governments to "ensure the full participation of women in AIDS programmes at all levels". But subsequent international conferences on AIDS have been criticized by women's groups for their paucity of presentations on AIDS-afflicted women. At least two such conferences had no female representation at all on their steering or organizational committees.

No doubt the relegation of women to the "last and outcast" category is, at least in part, a reflection of the fact that most women affected are poor. However, in addition to the visible socio-economic disadvantages of many female AIDS victims, there is another less visible socio-psychological threat—that is, the perception that women with AIDS, in giving birth, are also "giving" death to their children. This often makes reactions against those women especially emotional and harsh.

To quote an often used media phrase, women are "the bridges that transport AIDS to the general society"—the open implication being that women are excluded from this "general society".

WOMEN'S HUMAN RIGHTS ARE BASIC TO PREVENTION

An Expert Group Meeting on Women and AIDS, organized by the UN Division for the Advancement of Women in September 1990 in Vienna and co-sponsored by WHO and the Government of Sweden, concluded that women without basic human rights were indeed particularly vulnerable victims.

In theory, at least, there are some straightforward solutions for containing the AIDS epidemic. They would require, on one hand, the elimination of shared needles by intravenous drug users and, on the other, either sexual abstinence or "safer sex" through the consistent use of condoms and partner notification.

Unfortunately, human behaviour is seldom so obliging, and in fact this theoretical approach to sexual behaviour is rendered virtually ineffective in practice owing to the relative powerlessness of women in the sexual domain.

According to the documentation, the "lower status of women within the family and society, the lack of independent income and the social and economic dependency on men" heightened women's vulnerability to HIV infection, since they were less able to control the "personal and socio-economic circumstances which put them at risk, creating a feeling of powerlessness, both in personal relationships and society".

AIDS education campaigns were repeatedly criticized by these experts for proceeding on the naïve and false assumption that women could exercise more influence over sexual practices than was actually the case. In reality, they maintained, women at the bottom of the socio-economic ladder often did not enjoy even the most basic human rights.

Even in the so-called "developed" countries, women were endangered because their rights to safer sex went socially unrecognized and thus unenforced. For example, even the mere suggestion

that their partners use a condom often led to personal rejection or even violence. This situation, the experts concluded, must be remedied before any real progress would be possible.

THE FORWARD-LOOKING STRATEGIES

Over the past decade, there have been repeated calls for women's advancement to a position of parity with their male counterparts in society.

The *Nairobi Forward-looking Strategies for the Advancement of Women to the Year 2000*, produced in 1985 as the embodiment of a decade of work on women's rights, addressed this issue, emphasizing that "the strategy for the advancement of women seeks first and foremost to alter the unequal conditions and structures that continue to define women as secondary persons and give women's issues a low priority. Development should now move to another plane in which women's pivotal role in society is recognized and given its true value. . . What is now needed is the political will. . ."

Although the Nairobi Strategies were adopted by consensus by 157 nations, experience suggests that "altering the structures which define women as secondary persons" has not actually been a priority of many Governments. But now, faced with the threat of AIDS, attention to women's status has become a vital issue. To continue the same socially constrained practices which ignore even women's most basic, personal rights over their own bodies is tantamount to condemning millions of innocent women, not to mention their children, to premature death. Society itself needs to play a larger, more supportive role and create conditions which enable women to say "No" to high-risk sexual behaviour.

WHO'S GLOBAL PROGRAMME ON AIDS

The World Health Organization, based in Geneva, is one of 16 specialized agencies in the UN system. Its Global Programme on AIDS, established in 1987, directs and coordinates the global response to the AIDS pandemic. Its work is guided by six priorities:

1. ***Strengthening national AIDS programmes,*** to plan and coordinate AIDS prevention through behaviour change (including condom use) and the care of persons with HIV/AIDS;

2. ***Planning for the social and economic consequences of AIDS,*** which threaten families, communities and the economic stability of many developing nations;

3. ***Developing more effective interventions*** for interrupting the spread of HIV and caring for infected persons;

4. ***Accelerating biomedical research*** aimed at producing safe, practical, effective and universally available and acceptable vaccines and drugs;

5. ***Opposing discrimination and stigmatization*** as irrational and unethical responses to HIV-infected persons which endanger public health by driving affected persons away from proper care; and

6. ***Fighting complacency and denial*** so that countries everywhere face and fight AIDS with realism and solidarity.

"AN OUNCE OF PREVENTION . . ."

Partner notification

One important element in AIDS prevention for women lies in the practice of "partner notification". However, in many areas where AIDS runs rampant, this practice might not only cause the man to loose face; it might also be seen to contradict the traditional rights of men over their women.

In the West, certain groups criticize partner notification as an infringement of the individual's "civil liberties". But all too frequently, the result has been to put women's very right to life beneath the alleged "right" of men to behave in a high-risk manner regardless of the consequences to their female partners.

Now, however, spurred on by the lethal consequences of such sexually irresponsible behaviour, there are several ground-breaking

projects in societies as diverse as those of Africa and the United States. These have shown that 75 per cent or more of couples have actually altered their sexual practices after partner notification. This, in turn, has helped prevent HIV transmission to the uninfected partner, who in most cases is still the woman.

Peer education

Obviously, peer education is an important method of prevention—one that is particularly effective in that the victims become educators. In industrialized countries, for example, a number of relatively well-educated, affluent, homosexual men's groups have achieved noteworthy success in AIDS prevention through peer-group counselling and educational campaigns. However, they tend to be privately sponsored and thus require both educational and financial resources that are not readily available to women or to the less developed societies.

"Female-User-Friendly" Research

Of the scant research projects devoted to women with AIDS, most seem to focus excessively on women as "specimens of transmission". Medical literature contains literally thousands of funded studies on females' frequency and mode of sexual intercourse, prevalence of venereal disease, even the movements which accompany intercourse. But this focus is missing the point.

What women need is "user-friendly" research providing them with a practical means of protecting themselves from unwanted intercourse with infected men. That is, women need proactive, rather than reactive, research empowering them in a most practical manner. Otherwise, there is no "ounce of prevention" but only. . .

". . . A POUND OF CURE"

If, as the saying goes, "An ounce of prevention is worth a pound of cure" and that ounce of prevention is neglected, what then will it cost to "cure" the world of AIDS?

We have seen only the tip of the AIDS iceberg to date. Having been around invisibly for over a decade, its cumulative effect remains to be seen but, unless stopped, it will expand its lethal web for unforeseeable years into the future. Figures for counteractive public health measures will soar into the billions with no upper limit in sight. Still, perhaps the harshest legacy of AIDS is the social devastation left in its widening wake. The amount of social disruption through untimely deaths, the dissolution of families and the growing number of orphaned children is mind-boggling.

Nevertheless, Governments appear reluctant to address the stark reality of this pandemic disease, especially as it relates to women. Perhaps this unwillingness of male-dominated Governments in both "advanced" and developing nations to sponsor AIDS projects that would empower women is an ongoing reflection of the patriarchal bias in men's perception of women's "rights".

Thus, it remains that many of the most effective initiatives continue to come from private-sector "grass-roots" groups. Here there have been a few extraordinary AIDS care and prevention projects led by women. One which received wide publicity was initiated by a group of Kenyan prostitutes who collaborated to encourage their clients to use condoms, thus saving untold lives. There is also the "Empower Project" in Bangkok which was organized by bar hostesses. "Positively Women", a project initiated by female drug users in the United Kingdom, offers care and support for HIV-positive women. And in Brooklyn, New York, a project called "Mother Love", started by a single determined black mother, assists hundreds of mothers who have lost adult children to AIDS.

What makes such projects "extraordinary" is that they share the common characteristics of having been initiated virtually without funding, from within the ranks of the "victims"—that is, poor or outcast women, such as drug addicts, prostitutes and minority women. Although spearheaded by women, they do not restrict their focus to the narrow, purely feminist perspective, but reach out to advocate a comprehensive approach to AIDS prevention. Finally, they emphasize the crucial role of person-to-person understanding, compassion and support.

BEYOND BOUNDARIES: BOTH GENDER AND GEOGRAPHIC

Our age is unique in that it is witnessing an increasing number of phenomena that transcend national boundaries, thus forcing nations to act in concert to deal with them. Global warming and environmental pollution are two examples.

AIDS is another of the high-risk phenomena that presents a global challenge. Medically and socially, it is clear that no single nation, no matter what its resources, can effectively deal with the consequences of a pandemic disease of the proportions predicted by the World Health Organization.

Combating AIDS will require change, not only in approach but also in attitude, especially towards those victims who are women. AIDS has a profound impact on women, as an illness and as a social and economic challenge. The stigma attached to AIDS has magnified the sexual discrimination which already existed. These issues must now be addressed. For, as WHO Director-General Dr. Hiroshi Nakajima stated, ''Women are the key to achieving health for all.''

SHARING THE CHALLENGE

''Sharing the challenge'' of combating AIDS is the theme of World AIDS Day 1991. It has been chosen to stress the vital importance of pooling our efforts, resources and imagination to prevail against this common threat. The observance of World AIDS Day at United Nations Headquarters in New York stresses the economic implications of AIDS, not only the direct costs to the individual, but also the much larger social cost to the community, the country, the world, of a disease that will prematurely snuff out the lives of millions in this year alone.

How to combat this killer? The AIDS challenge calls for a partnership not only of individuals, but of groups, institutions and nations. Says Dr. Nakajima: ''Preventing the spread of HIV, caring for those affected, and minimizing the social and economic repercussions of the AIDS pandemic all require the strength that comes from partnership.''

WORLD AIDS DAY

1 December 1991—"Sharing the Challenge"

TEN POINTS ON AIDS FOR WORLD AIDS DAY

1. *AIDS is a world-wide problem*

The AIDS pandemic has left no continent untouched. As of mid-1991, WHO estimates that 8-10 million men, women and children worldwide have been infected with HIV and that over 1.5 million of them have gone on to develop AIDS. Every day, around 5,000 people are newly infected with HIV.

2. *HIV and AIDS*

AIDS (acquired immunodeficiency syndrome) is the end-stage of infection with the human immunodeficiency virus, HIV. In adults AIDS takes an average of 10 years to develop. A person infected with HIV may thus look and feel healthy for many years, but he or she can still transmit the virus to someone else. We know that HIV is transmitted in only three ways:

- through unprotected sexual intercourse with an infected partner
- through infected blood or blood products
- from an infected mother to her baby before, during or shortly after birth (perinatal transmission).

3. *Sexual transmission of HIV can be prevented*

The most effective way to prevent the sexual transmission of the virus is to abstain from sexual intercourse, or for two uninfected partners to remain faithful to each other. Otherwise the risk of spreading HIV through sexual intercourse can be significantly reduced by the proper use of condoms.

4. *Infection through blood can be stopped*

Blood for transfusion can be tested for HIV infection and discarded if contaminated. Needles, syringes and other skin-piercing instruments should be sterilized or discarded after each use and should never be shared.

5. *It is important to know how HIV is NOT transmitted*

HIV is a virus which does not survive easily outside the body. It is NOT spread by casual contact at work or school, by shaking hands, touching or hugging. It is NOT spread through food or water, by sharing cups or glasses, by coughing or sneezing, in swimming pools or on toilets. It is NOT spread by mosquitoes or other insects. This means there is no danger of becoming infected through ordinary social contact.

6. *Isolating people with HIV or AIDS is not the answer*

Besides being a violation of their human rights, discrimination against people with HIV or AIDS—or those thought to be at risk of infection—also endangers public health:

- it gives people outside the stigmatized group a sense that the threat of infection, and thus the need for personal precautions, has been removed;
- it drives the AIDS problem underground, making all efforts at prevention and care much more difficult.

7. *Information and education are vital*

Until medical research finds a cure for AIDS or a vaccine to prevent infection, we must rely on changes in personal behaviour to prevent the spread of HIV. Information and education are therefore vital in the fight against AIDS.

8. *AIDS threatens us all*

AIDS recognizes no boundaries of race, sex, class or age. No one is immune. And no one will remain untouched in the years to come as AIDS threatens entire communities and changes the patterns of daily life for everyone.

9. *Sharing the challenge*

Because AIDS is a global problem it can only be stopped in one country if it is stopped in all coun-

tries. Working together—pooling our efforts, resources and imagination—gives us the best chance of bringing the pandemic under control.

10. What can YOU do?

You can contribute to stopping AIDS by making sure that you understand the facts about AIDS and helping others to do the same. World AIDS Day is a special opportunity every year to focus attention on this urgent problem that affects us all, and to join forces to meet the challenge. It is marked around the world by thousands of different events designed to increase awareness, and to express solidarity and compassion. This World AIDS Day—and every day—you can join the world-wide effort to stop AIDS.

For further information please contact:
Global Programme on AIDS
World Health Organization
1211 Geneva 27, Switzerland
Fax: (41 22) 791 07 46
Tel.: (41 22) 791 21 11

Published by the United Nations Department of Public Information
DPI/996/Rev.1—November 1991—5M